

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90071 033 ***158.75

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1. Entity Name
D-N-T REPAIRS, INC.



Principal Place of Business
**2565 NORTH DONOVAN AVE.
CRYSTAL RIVER, FL 34428**

Mailing Address
**2565 NORTH DONOVAN AVE.
CRYSTAL RIVER, FL 34428**

DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1108526

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZIMMERMANN, SANDRA J CTP
830 S THYME PT
HOMOSASSA, FL 34448**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARRIS, DAVID
STREET ADDRESS	2565 NORTH DONOVAN AVE.
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	VST
NAME	HARRIS, PATRICIA
STREET ADDRESS	2565 NORTH DONOVAN AVE.
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	Sgt at Arms
NAME	Joshua C Harris
STREET ADDRESS	2565 North Donovan Ave.
CITY-ST-ZIP	Crystal River, FL 34428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Harris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #